



PATIENT

Max Sharkey

SPECIES

Canine

BREED

Toy Poodle

SEX

Neutered Male

AGE

11.5 Years

WEIGHT

7.8 Pounds

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

Dr. Amanda Causey

HOSPITAL NAME

Imperial Point AH

REFERRING VET

Dr. Edelson

INVOICE

35355

DATE

1/9/26

PRESENTING CLINICAL SIGNS

History: Presented for thoracic limb lameness. Resistance upon left lateral rotation of neck. Chest CT to rule out neoplasia.

Abnormal PE/Chem/CBC/UA Results: Radiographs - Craniodorsal aspect of C2 spinous process is irregular with focal concave region of absent expected bone. R/o pressure resorption vs aggressive osteolysis or variation of incomplete mineralization. Recommended further imaging of the cervical spine for evaluation.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & NECK

The head presents a mild brachycephalic head formation with hypoplasia of the tentorium and occipital dysplasia with a keyhole phenomenon leading to a caudal displacement of the cerebellum, which appears deformed in its caudal contour mildly protruding into the spinal canal. Concomitant internal hydrocephalus is not noted.

The transition to the cervical spine is inconspicuous.

The dorsal spinal process of C2 shows a bone "void" of its rostral contour without signs of relevant osteolysis and/or peripheral of tissue swelling. The course of the cervical spine is inconspicuous showing a reduced intervertebral disc space at the level of C6-7. The latter presents mild protrusion of the disc, which is located medially and appears broad-based, having ventral contact to and causing mild dorsal elevation of the spinal cord. The paraspinal soft tissues and the displayed parts of the forelimbs appear unremarkable. There is no pathologic enhancement noted.

The chest presents normal findings without signs of focal or nodular pulmonary changes. The mediastinum is inconspicuous, especially the mediastinal lymph nodes. There is no pleural fluid noted. The thoracic borders are intact and inconspicuous, including the diaphragm.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Occipital dysplasia and hypoplasia of the tentorium with mild cerebellar herniation and a bone void of the rostral contour spinal process C2
- Reduced intervertebral disc space with mild disc protrusion and subtle compression spinal cord C6-7
- Normal thoracic findings

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings of C2 match with the reported radiographic findings. I do not suspect real osteolysis at that level and would assume that this change is caused by an abnormal range of motion or instability of the atlantoaxial transition (radiographic follow in 8 weeks recommended). The occipital dysplasia would underline this assumption. There is no relevant hydrocephalus noted, which is commonly seen with relevant cerebellar herniation. I cannot exclude a dilatation of the central canal as seen with syringomyelia. The mild disc protrusion and subtle compression of the spinal cord at the level of C6-7 may lead to a higher compression under dynamic conditions. In addition to that, intraaxial or intramedullary lesions as seen with ANNPE-/HNPE- lesions and edema/myelopathy are easy to miss or cannot be identified with CT. These are still potential differentials. A left lateralized finding is not recognized.



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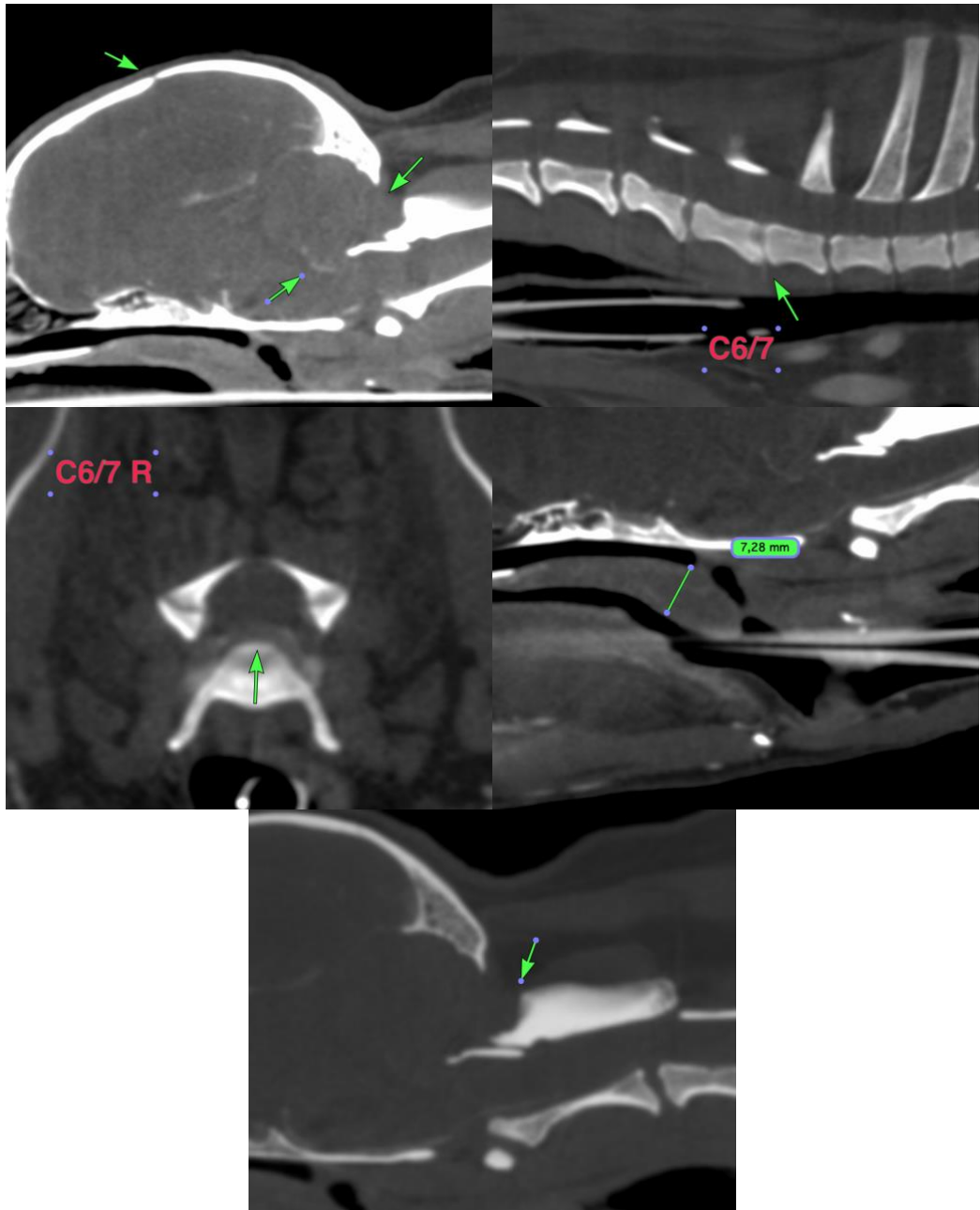
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.



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info@sonopath.com